

Ref (Office use only):

Form O



Full Membership Application Form

Full Name (Mr/ Mrs/ Miss/ Ms) :

Address:
 Post Code

Home Tel Work Tel: Mobile Tel:

Date of Birth: / / Occupation

E:mail (preferred method of contact):

I wish to become a full member of the Friends of Newport Rugby Trust Fund in accordance with its rules and constitution and enclose payment for my first annual subscription.

Membership (please tick the appropriate box):

Full rate:	£10	<input type="checkbox"/>
Concessionary Rate (Students over 16; Senior citizens):	£5	<input type="checkbox"/>
Life Membership:	£200	<input type="checkbox"/>

Payment Method (please tick appropriate box)

Cash: Cheque (payable to Friends of Newport Rugby Trust)

Standing Order (please complete the attached bank standing order form)

Date Protection Disclosure:

On occasions we may contact members with information regarding products and services which may benefit the Trust. Please tick the box if you do not wish this information to be sent to you

Signature of Applicant Date:

✂----- cut here -----

Standing Order Mandate

To the Manager (name and full postal address of your bank):

Please accept this instruction to credit Friends of Newport Rugby Trust Fund; Sort Code - - Bank Account No. _____ at the Cooperative Bank, quoting the reference number _____.

The sum of: £ ANNUALLY

Your Account Name:

Your Bank Sort Code: - -

Your Bank Account No.:

First payment due date: / /

Final Payment due date: / / Or until further notice (please tick)

Signature of account holder: Date

Please return this form together with the appropriate payment and completed standing order form (where applicable) to: The Treasurer, Friends of Newport Rugby Trust Fund, c/o Newport Rugby Football Club Ltd., Rodney Road, Newport, NP19 0UU.